Award for Nephrology Nursing Certification Advocacy

Call for Nominations

Nominations must be emailed to nncc@ajj.com with subject: “Advocacy Award” and are due no later than January 1 of the year you are applying. A confirmation email will be sent upon receipt.

For more information, call the NNCC at (888) 884-6622 or email ncc@ajj.com.
**Our Mission:** The Nephrology Nursing Certification Commission (NNCC) exists to establish credentialing mechanisms to promote patient safety and to improve the quality of care provided to nephrology patients.

**Our Philosophy:** The NNCC supports the philosophy that there should be a diversity of examinations that will effectively provide the opportunity for certification at various levels of education, experience, and areas of practice within nephrology nursing.

**Our Purpose:** The NNCC is committed to the advancement of professional nursing practice through the recognition of nephrology nurses and individuals caring for patients with kidney disease who display a predetermined level of knowledge and skill. The purpose of the NNCC is to promote the protection of patients with acute and chronic kidney disease requiring nursing care through the development, implementation, coordination, and evaluation of all aspects of certification and recertification processes.

The designated certifications offered by the NNCC are Certified Nephrology Nurse –Nurse Practitioner (CNN-NP), Certified Nephrology Nurse (CNN), Certified Dialysis Nurses (CDN), Certified Clinical Hemodialysis Technician (CCHT), Certified Clinical Hemodialysis Technician – Advanced (CCHT-A), and the Certified Dialysis Licensed Practical Nurse or Licensed Vocational Nurse (CD-LPN or CD-LVN).

**The NNCC Award for Nephrology Nursing Certification Advocacy**

This award was developed to be able to publicly recognize organizations that advocate for or promote any and all levels of nephrology nursing certification. Organizations that provide patient care to persons with kidney disease and employ certified nurses and technicians are eligible to apply for this award. Organizations include but are not limited to free standing outpatient dialysis units, hospitals, ambulatory care clinics. A unit or division of a larger organization is eligible to apply. The NNCC believes that such advocacy ultimately leads to quality patient care.

The award recipient will be selected by the NNCC in the spring of each year. Arrangements will be made with the recipient organization for the NNCC President or member of the Commission to personally present the Award for Nephrology Nursing Certification Advocacy in a ceremony held at the recipient organization. Suggestions include holding the award ceremony during Nurses’ Week in May, Nephrology Nurses’ Week in September, or, near National Certification Day in March.

The award consists of a plaque and a $500.00 gift card. The recipient organization will also receive a press release to distribute at their choosing. The winning organization will be displayed on the NNCC website and at every professional meeting where the NNCC exhibits throughout the year.

**INSTRUCTIONS FOR SUBMITTING AN ELECTRONIC NOMINATION**

This document is presented as a Word document which can be completed electronically; it is recommended to convert the file into a PDF format. **Electronic submissions are the only type of application that will be accepted.** Please contact NNCC if confirmation of receipt is not received within 3 business days.

**Conditions for a nomination application to be considered complete:**
1. Completed Application Form – one application form per nomination (self-nominations are encouraged);
2. Application must not exceed 15 pages including this application form;
3. Included documentation of examples demonstrating achievements supporting award criteria;
4. One letter signed by the facility’s Administrator and Medical Director affirming the organization’s support of certification.

**Please note:** Incomplete applications will not be processed.

**Nomination materials should be arranged in the following order:**
1. The application form;
2. The criteria checklist as found on pages 3-5 with the criteria that were met checked off;
   a. Type responses directly under each relevant criterion – attach documentation as described below.
   b. Include narrative and documentation for only the criteria met.
   c. Documentation of meeting award criteria must be organized in order; that is: 1a, 1b, 2a, 2b, etc.
3. The single letter from facility’s Administrator and Medical Director as noted above.
ADVOCACY AWARD APPLICATION FORM

Name of Organization (for example, free standing outpatient dialysis unit, hospital, ambulatory care clinic, or a unit or division of a larger organization), being nominated:

________________________________________________________________________________________________________________________________________

Name: __________________________________________________________________________________

Organization: __________________________________________________________________________

Address: ________________________________________________________________________________

City: __________________________ State: _________ Zip code: ____________________________

Name of Individual Submitting Nomination (will be point of contact for NNCC)

Name: __________________________________________________________________________________

Organization: __________________________________________________________________________

Address: ________________________________________________________________________________

City: __________________________ State: _________ Zip code: ____________________________

Phone Number: __________________________________________________________________________

Email Address: __________________________________________________________________________

Signature: ________________________________________________________________________________

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CRITERIA FOR NNCC AWARD FOR NEPHROLOGY NURSING CERTIFICATION ADVOCACY

Evidence must be provided that shows that the following criteria are met. It is felt that these criteria advance the cause of nephrology nursing certification. Organizations that have been nominated for the NNCC Award for Nephrology Nursing Certification Advocacy will be judged on how the following criteria are met. It is not expected that ALL criteria will be met. Any information that is required is so noted in italics.

Documentation of meeting the award criteria must be organized in order, i.e., 1a, 1b, 2a, 2b, etc.

Criterion 1

Activities demonstrating how the organization values certification as a way to promote safety and improve quality care. Provide documentation or description as noted below, following each criterion that you find applicable. All documentation or descriptions must be contained within the completed application. Do not reference the reviewer to external information, such as a website.

- a. The total number of direct patient care givers in the organization or unit (whichever is appropriate) and the number and percentage of those staff members who are eligible to be certified who are certified in specialty nursing. Separate into RNs, NPs, Patient Care Technicians, and LPNs/LVNs. (REQUIRED)

- b. The total number of nursing managers/supervisors in the organization or unit (whichever is appropriate) and the number and percentage of those staff members who are eligible to be certified who are certified. (REQUIRED)

- c. Specialty nursing certification as a criterion on the clinical ladder or required for advancement.

- d. A job advertisement for a nursing role within your organization or unit (whichever is appropriate) that requires or recommends specialty certification.

- e. A job description for a role within your organization or unit (whichever is appropriate) that requires or recommends specialty certification.

- f. How your organization or unit (whichever is appropriate) supports those staff members interested in seeking certification, for example:
  - (1) Company website provides link to the NNCC website.
  - (2) Provides continuing education.
  - (3) Provides certification examination review courses or reimbursement for attendance at a review course.
  - (4) Provides reimbursement of certification examination fees.
  - (5) Provides paid time off to obtain CE, take a review course or to take the certification exam.
  - (6) Other

- g. How your organization or unit (whichever is appropriate) supports/recognizes those staff members who are certified as follows:
  - (1) Provides reimbursement of recertification fees.
  - (2) Provides continuing education programs or reimburses for attendance at continuing education programs.
  - (3) Provides paid time off to attend continuing education programs.
  - (4) Pay differential or bonus, etc.
  - (5) Event (i.e., luncheon) held in their honor
  - (6) Publishing names of certified nurses in the organization’s newsletter
  - (7) Other

- h. How certified nursing staff is utilized as compared to noncertified nursing staff, i.e., as speakers, job and career fairs, in obtaining grants, providing training for other employees, etc.
Criterion 2
Activities as related to certification have influence beyond the organization or unit level (whichever is appropriate) – impact is felt community-wide, state-wide, nationally and/or internationally. Provide documentation/description of:

☐ a. Grants written to seek support for specialty nursing certification.

☐ b. Any partnerships with other organizations or agencies related to specialty nursing certification (example, host ANNA review course).

☐ c. Magnet Status, if applicable, including date awarded or date of intent to apply.

☐ d. Number of staff who are members in a professional association (e.g., ANNA, NANT, NKF)

☐ e. Other

Criterion 3
Activities as related to certification and informing the public about specialty nursing certification and its value. Provide documentation/description of:

☐ a. New certificants are recognized (examples: in company newsletter, press release to local newspaper)

☐ b. Certification is documented in the organization’s or unit’s (whichever is appropriate) annual report

☐ c. Plaques listing the names of certified nurses are placed where the public can view them (example: wall of fame).

☐ d. Certification credentials are displayed on nametags, etc., where the public can view them.

☐ e. Whether certified staff introduces themselves as being certified.

☐ f. Other activities to promote certification to the public (example: using certification as a marketing tool)

Criterion 4
Activities as related to certification influence the process, standards, and legal mandates relevant to specialty nephrology nursing certification specifically and/or certification in general. Provide documentation/description of:

☐ a. How the organization or unit (whichever is appropriate) supports certified staff in relation to local/national activities (examples, paid time off for attending educational meetings, participating on boards and committees)

☐ b. How certified staff influences patient care decisions within the organization (example, serving on decision-making bodies of organization)

☐ c. How physicians within the organization or unit (whichever is appropriate) support staff certification.

☐ d. Any activities in which the organization and/or its certified staff influenced legislation and/or regulation related to patient care, and/or nephrology certification

☐ e. Any research done within the organization or unit (whichever is appropriate) that describes the value of specialty nephrology certification, impact of certification on patient outcomes, etc.

☐ f. Other
Criterion 5
Activities as related to certification that advance the cause of specialty nephrology certification.

☐ a. Provide documentation of any other activities or initiatives not previously described.
☐ b. Provide letters of support from patients, physicians, administrators.

12/29/2015